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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	10/651,209
Filing Date	August 29, 2003
First Named Inventor	Mark A. MESSINA
Examiner Name	Robert John Sandy
Group Art Unit	3677
Attorney Docket Number	2599-122

Total Number of Pages in This Submission 1

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Brian A. Tollefson, Reg. No. 46,338				
Signature		Date	January 7, 2005	Deposit Account User ID	02-2135



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No. : 10/651,209  
Applicant : Mark A. MESSINA  
Filed : August 29, 2003  
TC/A.U. : 3677  
Examiner : Robert John Sandy

Docket No. : 2599-122  
Customer No. : 06449  
Confirmation No. : 7634

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed December 8, 2004, the Applicant hereby elects Group I, consisting of claims 1-28, without traverse. The Applicant reserves the right to pursue the non-elected claims in a divisional application.

Favorable action on the elected claims is earnestly solicited.

Respectfully submitted,

  
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